

**APPLICATION FOR REINSTATEMENT OF
INSURANCE ADJUSTER LICENSE**

LIC 31R-3 (Rev 06/2008)

ADMINISTRATION & LICENSING SERVICES BRANCH

PRODUCER LICENSING BUREAU

320 CAPITOL MALL

SACRAMENTO, CA 95814

(916) 322-3085

(916) 327-6907 (FAX)

www.insurance.ca.gov

Individual or Business Entity (BE) name: _____

Name of Qualified Manager: _____

Check the following reason(s) for suspension:

☐ Last Qualified Manager terminated. If checked, date of termination: _____☐ Expired – Failure to renew for license no.: _____ Type of license: _____☐ Other (Explain): _____

_____	_____	_____	() _____
Address of principal place of business	City	Zip Code	Telephone
(PO Box is not acceptable)			

I hereby declare under penalty of perjury that during the period of suspension, applicant has not engaged in any practice, or committed any act, for which a license is required under Chapter 11, Business and Professions Code, that there has been no change in ownership or officers that has not been reported to the Bureau, and that the forgoing is a true and correct statement.

Date_____
Signature of licensee or authorized representative for BE

ADDITIONAL REQUIREMENTS FOR REINSTATEMENT

(For Department Use Only)

In order for the Bureau to reinstate your license, it must receive the items checked below:

☐ Delinquent renewal fee in the amount of \$ _____.☐ Reinstatement fee in the amount of \$ _____.☐ Other: i.e., fingerprints (if licensee has been inactive for more than one year), bond (if current bond not on file).

Mail fees and documents to: Department of Insurance, P.O. Box 1139, Sacramento, CA 95812-1139.